

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043055

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

43  
FILED NOV 22 1963

3007

1884

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BUTLER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in 1b <b>57 DAYS</b>	c. CITY OR TOWN <b>POPLAR BLUFF</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1807 INDIANA AVENUE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ROY</b> Middle <b>LEE</b> Last <b>TAYLOR</b>		4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>14</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-31-95</b>
9. AGE (last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOPER</b>	
11. BIRTHPLACE (City and state or country) <b>GRANDIN, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CHARLES H. TAYLOR</b>		13b. MOTHER'S MAIDEN NAME <b>STELLA MAE YOCUM</b>	
14. NAME OF HUSBAND OR WIFE <b>MARIE TAYLOR</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of) <b>YES WWII</b>	
16. SOCIAL SECURITY NO. <b>44</b>		17. INFORMANT Address <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HYPOSTATIC PNEUMONIA</b> DUE TO (b) <b>CARCINOMA OF THE LUNG</b> DUE TO (c) <b>PULMONARY EMPHYSEMA</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>72 HRS.</b> <b>18 MOS.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>12:45 A. M.</b> Month, Day, Year <b>11-14-63</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>VA</b>	
20f. CITY, TOWN, OR LOCATION <b>POPLAR BLUFF, MO.</b>		20g. COUNTY <b>BUTLER</b> STATE <b>MISSOURI</b>	
21. attended the deceased from <b>9-18-63</b> to <b>11-14-63</b> and last saw him alive on <b>11-14-63</b> Death occurred at <b>12:45 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>J. A. ALEGRE, M.D., Acting Chief, Med. Svc. VA Hospital, Poplar Bluff, Mo.</b>	
22b. ADDRESS <b>Poplar Bluff, Mo.</b>		22c. DATE SIGNED <b>11-14-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-16-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>City Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>	
24. FUNERAL DIRECTOR <b>Frank Cottrell</b>		25. DATE RECD. BY LOCAL REG. <b>11-20-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>			

NOV 26 1963

BUTLER

MISSOURI

BUTLER

27 DAYS

REPAIR BLUFF

1907 INDIANA AVENUE

VA HOSPITAL

NOVEMBER 14 1963

TAYLOR

LEE

ROY

12-31-63

WHITE

MALE

U.S.A.

GRANDIN, MISSOURI

COOPER

COOPER

MARIE TAYLOR

STELLA MAE YOCUM

CHARLES H. TAYLOR

VA HOSPITAL RECORDS, REPAIR BLUFF, MO.

YES

HYPOSTATIC EMBOLISM

STATEMENT BY LICENSED EMBALMER  
CARCINOMA OF THE LUNG

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4877

P.O. Address Poplar Bluff, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.